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SURGICAL LECTURES,

DELIVERED BY

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Theatre, St. Bartholomew's Hospital.

LECTURE 20.

Bubo.

GENTLEMEN,

On the last evening I spoke about Buboes, but I had not time to finish the subject. There are some buboes that become very indolent and form burrowing sores; and I do not know that there is any good in cutting all these open. I believe what I said on the subject of fistula, connected with abscesses, is applicable here. The state of the abscess depends upon the state of the general health; if you improve that, the sores will soon heal. Mr. HUNTER showed, that the syphilitic virus must pass through various glands before it reached the circulation, yet it did not irritate any but the first glands through which it passed; and I think that this may be referred to the modification which the virus undergoes in its passage through the absorbent glands. It is probable that the poison of syphilis is of so acrid a kind, that it always excites local ulceration of a peculiar and progressive nature, whilst the varieties of morbific poisons, which produce symptoms resembling the constitutional effects of true syphilis, may be absorbed without any evident ulcer. It was formerly considered necessary to continue the use of mercury until the bubo had quite healed; but if the ulceration were specific, the mercury which had been taken to cure the chancre would be sufficient to cure the bubo, or a very little more.

Sores caused by the breaking of buboes are sometimes very indolent and intractable, and form numerous sinuses, and yet all of a sudden, after they have resisted the use of mercury a long time, they get well,—clearly showing, that it is to some change in the constitution of the patient that we must look for the cause of the sudden change in the local action. I will tell you the following case, which appears to show that it is so:—A gentleman had an enlargement of the glands in the groin, following a sore behind the corona glandis; the inflammation in the gland became more active, and ultimately suppurated. When the abscess burst, an indolent sore was formed; there was no attempt made at reparation, but, on the contrary, sinuses extended in various directions, and although he put himself under the influence of a full mercurial course they would not heal. A consultation took place, and it was decided on that the sinuses should be dilated, and I was requested to dilate them; they extended in different directions; one towards the pubis, another toward the spine of the ilium, and a third toward the thigh; but what good was there in doing that; when they were laid open then they remained in the same indolent inactive state as before. The patient was recommended to go to the sea, and so he did, and he came back just as he went. He came to me again when he returned, and complained very much of the state of the parts, how miserable he was, and so on. I told him not to be out of heart; that I was sure they would heal, but I could not tell when, but that it would be as soon as his constitution had improved. He went afterwards into the country again, and it was really curious to see what happened; cicatrization suddenly took

place on the surfaces of the wound, and there were flaps of skin hanging about in different directions, which had not united to the parts beneath, yet the surfaces had cicatrized.

Venereal Sore Throat.

One of the consequences of the absorption of the syphilitic poison is a sore throat; it is then called the venereal sore throat, and Mr. HUNTER has described the kind of sore that forms there, and I believe that he must have seen a disease which he described so accurately. He says, that an ulcer formed on one or both of the tonsils, of a circular or oval form, having a thickened base and edges, the surface of which became covered with matter, and that it gradually increased until it acquired about the size of a sixpence, and then remained stationary, and that it would not heal except mercury were employed for its correction. This is the venereal sore throat as it used to appear, and which was removed when the antidote was employed; but I had seen such a variety of sores upon the tonsils, attended with eruptions of a livid colour on the skin, and which were not curable by mercury, that I began to doubt whether they were syphilitic or not. It used to perplex me very much when I heard the surgeons say, oh! this sore throat is decidedly venereal—these eruptions are decidedly venereal, and he must take mercury, and yet I found that the rubbing in did not cure the ulcer or remove the eruptions. I say, I was exceedingly perplexed at it; I could not make it out, to save my life; but when Mr. HUNTER's book came out, oh! then I saw it clear enough. Oh, said I, it appears then that there are some constitutional affections, generally considered to be syphilitic, which are not so; this explains why some sores should not heal under the use of mercury, and others, after mercury had been used extensively, get well apparently spontaneously. It was a point which I never afterwards lost sight of, as I shall afterwards have to tell you.

It usually commences with a little stiffness about the neck and some pain in swallowing, and this induces the patient to look into his throat, and there you see an ulcer, sometimes such as I have just described, at other times more irregular in shape, and it would be almost impossible to say, from the appearance of that ulcer only, whether it was venereal or not. But you must trace the history backwards, and if you find the sore should be extending under the ordinary methods, you had better give a moderate quantity of mercury and watch its effects. Sometimes the soft palate becomes the seat of a foul intractable ulcer, which often destroys the velum palati, causing a distressing difficulty of swallowing and imperfection of voice.

Venereal Eruptions.

These eruptions, which take place on the skin consecutively to an absorption of morbific poison on the genitals, are exceedingly varied in their appearance, just as much as the sores which first appeared on the genitals or in the throat. The characters usually given to such sores are, patches first appearing on the skin, of a darkish colour, somewhat like copper; after a time there is a secretion from the surface, and a scab forms, which often degenerates into a foul intractable ulcer. Many eruptions take place on the skin which are not at all syphilitic, and which are owing to a disordered state of the general health, especially a weakened and debilitated state of the system; but there is one distinction that may be observed in such sores as are the result of a morbific poison, and such as are attendant on a weakened state of the system. The first appear more generally in such parts as are nearest the centre of the circulation, as about the chest, neck, &c., whilst the others occur in the extremities and appear to extend toward the trunk. These are frequently removed without the use of mercury, and are, in the legitimate pox, only to be relieved by mercury. The nose is often attacked by ulceration, which proves very destructive. I have been accustomed to assign the syphilitic affections of the nose an intermediate place between such diseases as are placed on the surface of the body, (and I consider the throat as being lined with cuticle,

and part of the surface of the body,) and such affections as are seated more internally, as the bones and joints. I do so, because it is difficult to determine whether the ulceration commences first in the lining membrane of the nose, or in the periosteum, and thence proceeding to the schneiderian membrane.

The patient complains first of having some uneasy sensation or tickling in his nose, and if you have been accustomed to see cases, you can immediately detect what is the matter by the patient's voice, he snuffles when he speaks; if you say to him, Do you blow your nose? "Oh! yes, I calculate; I guess that I do."* (A laugh.) Do you find any white or greenish matter discharged? "Yes, very frequently." Does the matter discharged smell bad? "Yes, very bad indeed, I can scarcely bear my own breath." Indeed you seldom need to ask the question, for you may smell the breath fetid enough at a pretty considerable distance. It often happens that the disease is very much aggravated if you push mercury far; you must administer it in moderate quantities if the patient have other symptoms that induce you to think that the disease is syphilitic, and if he have not taken a proper mercurial course. But if he has done so, and the primary sores have healed under the course, and the use of the medicine has been continued some little time after the sores have got well, then you had better not give any more, but attend to the general health, and treat the inflammation in the nose as you would any other, on general principles.

Nodes.

When inflammation attacks the periosteum, it causes an effusion of a fluid matter between it and the bone, or a thickening of that membrane merely, a swelling forms on the bone, and is called a node. If the inflammation which caused the swelling be removed early, the node will again disappear, but if allowed to remain a short time, an incrustation of bone takes place, and the swelling becomes permanent. Syphilitic inflammation generally attacks the bones nearest the surface, bones that are but slightly covered, as the tibia, cranium, sternum. The characteristics of this inflammation of the periosteum are, first, an aching, gnawing pain, confined to some particular part, and that pain having intermissions, the pain in the part comes on about 10 at night, and continues until three or four in the morning, and throughout the day it is very much easier, or disappears. This pain is relieved by mercury and opium, the mercury removes the syphilitic disease from the bones as it does from the soft parts, but not so readily. It is then an aching, gnawing pain, increased during the night, and abating through the day. The patient should wear warm clothing, rub in the blue ointment every night, and take a moderate dose of opium; attend, at the same time, to the state of his bowels, so as to keep them soluble, and the pains will go away and the node will go away. But I have often known patients expose themselves to cold, and sometimes to wet, during the time they have been taking mercury very plentifully, and they have had pains in their limbs again, even worse than before. I have heard patients often complain in the hospital, when they have imprudently exposed themselves, and gone out and caught cold, "Ah! Sir, I am worse than ever, the pains are all returned, and instead of having them in one part only, I have got them in twenty places, such pains in my thighs, shoulders, knees, and so on, that I cannot sleep for the pain." Well, you know by their description, that this is not a syphilitic pain, it is too wandering, it attacks too many parts, and is not followed by the distinct remission of pain during the day, as in syphilis. Oh! no, it is a rheumatic pain. Rheumatism attacks the parts, and you try to remove it by sudorific medicines, by the warm bath, and by alterative doses of mercury, and although the complaint is very obstinate, you may sometimes succeed. I have known pains in the limbs, and nodes form on the periosteum of the different bones which appear to result from

* The humourous nasal twang with which this and the other answers were given, might well rival Matthews in his Jonathan W.

some modification of animal matter acting as poison on the constitution.

Many such cases have I seen, of diseases resembling the syphilitic, which were neither regular in their progress or cure. The following case in particular, of a medical student of this hospital, made a great impression on my mind. He had, in opening a bubo, scratched his finger, and infected it with the matter. The scratch fretted out into a sore of about the size of a sixpence; it was very intractable and slow in healing. He became rather anxious, and consulted me; I said, that I did not think it a syphilitic sore, for it had not the thickened edge and base, and other characters of a venereal chancre. I therefore recommended him to try the effect of local means, and not to take mercury. It went on very indifferently for about a month, and then began to heal a little, and contract in its circumference. About this time a swelling took place in the arm, just on the inner side of the biceps muscle, where the absorbent vessels pass, and he came to me with a doleful countenance; Oh! sir, I am poxed to a certainty, see here is a bubo forming in my arm. I examined the sore on the finger, and as I saw it was disposed to heal, and that it had no surrounding induration, I said to him, I will not practise my profession any longer, if that bubo is syphilitic, for I'll be hanged if it's any use. Do not take mercury, but apply a spiritous lotion to the part, or the Goulard's wash; under this treatment, the tumour in the absorbents subsided, and the sore healed. About three weeks after he called on me, and said that he had ulcerations in his throat, and requested me to look at them. I did, and I saw ulcers deeply excavated, with irregular edges, with a surface covered with matter, and just such as would induce any man to say, who had not considered the subject, that they were venereal. Shortly after, some copper-coloured eruptions appeared on his face and breast. Ah! it is all over with me now, said he, one day; I wish I had begun to take mercury at first. I would not take mercury if it were my case, I told him, but advised him to have the advice of some other surgeons, and hear what they would say. They told him it was a decided venereal eruption, a decided venereal sore throat, and so on. They advised him immediately to go into lodgings, and begin to rub in, for that the mercurial course had been very improperly delayed.

Whilst the patient was looking out for lodgings, in order that he might go through the mercurial course, a circumscribed thickening and elevation of the pericranium appeared over the frontal bone, nearly as large as half a crown; it was as fine a corona veneris as any man could wish to see. I shall never forget the agitation and the alarm in which he called on me one morning. I am ruined, I am ruined; see here, see here, putting his hand to the swelling on his forehead, is not this syphilis? What do you think of it now, sir? Think of it, why I am more convinced than ever that it is not syphilitic, for I never knew in my life the occurrence of a true venereal node simultaneously with sore throat, and so on. Just as he was about to commence his inunctions, he was required to go into the country on some very important business, and away he went, considering himself as the most unfortunate fellow on earth, a ruined man, and so on. I advised him not to be out of heart about it, for I was sure he would get better. But oh! there was no consolation to be afforded him, and away he went with a batch of the blue ointment, determined to rub in on the first opportunity. In about a fortnight after, I heard from him; he said he had been very much benefited by his journey, that he had been prevented from beginning the use of the mercury; that he did not think he should now use it at all, for that his throat was getting well very fast; Soon after the node disappeared also, and he perfectly recovered, without any mercury having been used.

Pseudo-Syphilis.

There are so many instances in which certain diseases appear, resembling the constitutional effects of syphilis, in which it is morally certain that no syphilitic virus has been absorbed, that I have called such appearances the mock-pox, or, more

classically, pseudo syphilis. I showed that there was a very great number of sores resembling chancres that were not chancres, and I mean to show also that there are a great many constitutional diseases produced, in some cases from the absorption of morbific animal matter, and in other cases spontaneously, from a disordered state of the constitution itself.

First, of these *appearances resembling the syphilitic*, which may be traced to a *constitutional origin*.

In the earlier part of the Lectures, I attempted to show the importance of correcting disorders of the digestive organs in attempting to cure local diseases. In the cases which I am now considering, a disorder of these organs constantly exists, and produces, or at least aggravates and protracts a state of weakness and irritability of constitution, to which the origin of these diseased appearances must be undoubtedly referred.

Ulceration of the throat, copper-coloured eruptions, nodes on the bones, have all taken place in persons to whom no venereal poison had been communicated. Men of undoubted veracity, married men, clergymen, men and women advanced in life, who would have no inducement to conceal, nay, whose interest it was to communicate the information of any illicit or suspicious intercourse. There is a very striking case that I will mention to you; it is the case of a student who was at the school of Windmill-street; and it came under the observation of the late Dr. BAILLIE. This pupil came from the West Indies, and was observed by the others to look very much out of health; they inquired of him what was the matter, and he told them, that he had nodes upon his shins. Nodes upon your shins? said they, there is no doubt then as to what you ought to do, you must undergo a mercurial course. He declined doing this, and, continuing to look unwell, they teased him again, and said, We will speak to Mr. HUNTER about you; you had better take mercury. He agreed to see Mr. H. who examined the swelling, thought it was a venereal one, and advised him to take a mild course of mercury. But on asking him if he never had any other symptoms, a sore throat, a chancre, or eruption, he said no, he never had, but that he recollected having such a swelling on his leg when quite a boy. This made them hesitate, and, on being questioned as to whether he ever had any sores on the genitals, he said no, he never had; this was doubted by some of them, and he acknowledged, what he appeared reluctant to do, that he never had any sexual connexion in his life. He took sarsaparilla, and the nodes got well without his having taken a grain of mercury. Now this account shows, if any man's word can be relied on, that diseases resembling syphilis can arise from disorder of the health, even without any sexual intercourse.

There is no doubt, on the other hand, that there are certain modifications of animal matter, that will produce appearances resembling the venereal, in constitutions having certain morbid propensities. Even the irritation of a morbid secretion in one person, applied to the susceptible surface of another person, is capable of producing these results. How common is it for a morbid irritation about the nipple of the nurse to produce an ulcer in the lips of the child, spreading to the cheeks, and even afterwards of producing eruptions of a suspicious character. Many law suits have I known instigated upon such accidents, and the parents have been inclined to anathematize the nurse, and say, Oh, what a vile hussey that nurse must be to take our heirs to suckle, to ruin the hopes of our family with such a loathsome disease. Nurses have often made similar complaints, and said, what a shame it was to send me their poxed child to nurse, and give me such a horrible disease. I remember a case very confirmatory of this proposition. A young married couple came up to town to spend their honey moon or moons, and see all the fine sights of London. They took up their residence at a splendid hotel, and they discovered, about the end of a fortnight or three weeks, that they had each numerous sores about the genitals. There

was a great kick up about it; they called in a great number of medical men to consult on what was to be done, and sent for me. There was a fine crop of warty excrescences about the genitals of each, yet there was not the least reason to suppose that either had any gonorrhœa, or any other complaint previously. What was to be done? Oh! it was very clear, I told the husband, what must first be done, one of the parties must return to the country, and that they must observe strict cleanliness, use a little astringent wash, and take a little medicine to set their digestive organs to rights. They adopted this plan, and soon got quite well. Mr. HUNTER has devoted a chapter of his book on the venereal disease to this subject, the appearance of constitutional symptoms from the infection of morbific animal matter, in which he mentions the evils which sometimes followed from the transplantation of teeth. It used to be the fashion, if a lady or gentleman wanted a front tooth, they applied to a dentist, who found some poor girl of the town, or chimney sweep, who had a front tooth of about the same size, and by offering them money, got them to consent to part with it. The tooth was drawn from the poor person's mouth, and put into the socket of the rich, the gum would adhere very firmly for a time to the surface of the tooth, and appear to do very well. But, after a certain time, the gum would separate, the tooth get loose, and drop out, an ill-conditioned ulcer form in the part, followed by sore throat, eruptions, and nodes, symptoms of pseudo syphilis, as I call them. This soon put a stop to the transplantation, and glad am I that such iniquitous practices were punished. It is a subject well worthy of attention, and I hope that you will not only receive it because I tell you of it, but investigate the matter strictly and impartially for yourselves. Respecting the treatment of these diseases, I am afraid I have not time to-night, and shall therefore defer that until another evening.

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

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LECTURE 17.

In this Lecture I shall consider—

The symptoms and morbid appearances of inflammation of the mucous and serous membranes of the alimentary canal.

It is necessary, for the sake of distinction, to use some terms expressive of inflammation in the mucous membrane of the stomach, and of the mucous membrane of the intestines; and other terms expressive of inflammation in the serous membrane of the stomach and intestines. For this purpose, therefore, I shall use the terms *Muco-Gastritis*, and *Muco-Enteritis*: *Sero-Gastritis*, and *Sero-Enteritis*.

Symptoms of Acute Muco-Gastritis.

The following are the symptoms of acute muco-gastritis, or acute inflammation of the mucous membrane of the stomach:—1. Pain in the epigastrium, accompanied by a feeling of heat in the stomach. That feeling of heat is so remarkable, that I have known some persons, in the progress of the acute form of this affection, desire that the epigastrium might be sprinkled with cold water. 2. An intense desire for cold drinks. 3. Nausea, retching, or vomiting, especially on taking any liquid matter into the stomach. 4. The tongue is intensely red at the tip and edges. I wish to draw your attention to this circumstance, because, singly, it is one of the most diagnostic symptoms of inflammation in the mucous membranes of the stomach and small intestines, in the acute or subacute form. You will perceive this red colour of the tongue very distinctly, if you desire the patient to protrude the tip of it between his lips, and contrast the co-

lour of it with that of the lips; the tongue will be comparatively of a bright vermilion tint. You will also generally find the papillæ more red and raised than natural at the tip and round the edges. 5. The pulse is small, quick, and compressible, when the inflammation is acute. The pulse, taken in conjunction with other signs, is a very good guide in many inflammations; and, generally speaking, it is softer when the mucous membranes are inflamed than when the serous membranes are inflamed. 6. The tint on the surface of the body is generally higher than natural, but particularly so over the epigastric region. I noticed before, that when the brain is inflamed, the integuments covering the cranium are hotter, sensibly, than those in other parts. The same thing often happens in the integuments of the cheek, when the pleura is inflamed. Sometimes, in high abdominal inflammations, the escape of caloric is so rapid from the integuments of the belly, that it produces a tingling heat at the extremities of the fingers. 7. When the inflammation is acute, there is an anxious and hurried breathing.—These are the seven combined symptoms which attend the acute inflammation of the mucous membrane of the stomach.

Symptoms of Acute Sero-Gastritis.

When the serous membrane of the stomach is inflamed, the following are the most prominent symptoms:—1. Pain in the region of the stomach, but without a sensation of internal heat. 2. Nausea, retching, or vomiting. 3. Tongue more furred about the root and centre than in the acute muco-gastritis, and is not red, but pale, at the tip and edges. 4. The pulse is small, quick, and hard; not compressible, as it is in muco-gastritis. 5. The heat about the epigastrium is less intense than in acute muco-gastritis. 6. The respiration is even more hurried and anxious.

Diagnostic Marks between Acute Muco and Sero-Gastritis.

What are the diagnostic marks between the acute muco-gastritis and acute sero-gastritis? They are three:—1. In sero-gastritis there is an absence of internal heat in the region of the stomach; whereas, in muco-gastritis, there is a sense of burning heat in the stomach. 2. The tongue is very red at the tip and edges in muco-gastritis; whereas it is comparatively pale in sero-gastritis. 3. In muco-gastritis the pulse is soft and compressible; but in sero-gastritis it is hard and resisting. Moreover, there is a more intense desire for cold drinks in muco-gastritis than in the sero-gastritis; while there is likewise a greater prostration of strength in the muco-gastritis than in the sero-gastritis. Now the subdued or subacute form of inflammation is more insidious in its increase, and more difficult to detect.

Symptoms of Subacute Muco-Gastritis

When the mucous membrane of the stomach is subacutely inflamed, it is marked by the symptoms which I shall now enumerate:—1. An obscure pain in the region of the epigastrium, which, in some cases, you could only ascertain satisfactorily by pressure made on the parts. 2. A concentration of heat externally about the epigastrium. 3. The tongue is red at the tip and edges, as in the acute muco-gastritis. 4. A sense of uneasiness on taking food; or some degree of nausea or retching, seldom amounting to vomiting. Though vomiting always attends acute inflammation of the mucous and serous membranes of the stomach, yet it is mostly absent in the subacute form of inflammation; and, sometimes, even the loathing of food is also absent. 5. A desire for cold drinks. 6. A soft and compressible pulse, less quick than in the acute form, for the pulse is then generally about, or above, 120; whereas, in the subacute form, it is rarely much above 100 in the minute. 7. The respiration is far less hurried and anxious in the subacute than in the acute form of muco-gastritis. Another very great difference between the acute and subacute forms of muco-gastritis is, that the duration of the one is much longer than the duration of the other. The acute, if not relieved soon after its commencement, runs a very rapid course, therefore the medical man has but little time in which he can successfully operate; but the subacute,

having a more protracted course, affords a better opportunity.

Symptoms of Subacute Sero-Gastritis.

1. The pain is more distinct in the epigastrium than when the mucous membrane is subacutely inflamed. 2. There is some concentration of heat about the epigastrium. 3. The tongue is more furred, and is not red at the tip and edges. 4. There is a sense of uneasiness, or loathing of food, but sometimes it is absent. 5. Thirst. 6. The pulse is quick and hard. 7. The breathing is quick and somewhat anxious.

Diagnosis of Subacute Sero and Subacute Muco-Gastritis.

The following are the chief diagnostic marks between these affections. 1. The pain is more distinct in subacute sero-gastritis than in the subacute muco-gastritis. 2. The patient has a greater desire for cold drinks in the subacute muco-gastritis than in the subacute sero-gastritis. 3. The tongue is red at the tip and edges in the subacute muco-gastritis; whereas it is pale in the subacute sero-gastritis. 4. The pulse is more soft and compressible in the subacute muco-gastritis than it is in the subacute sero-gastritis; and further, the breathing is more quick and anxious in the latter than in the former.

When the inflammation falls upon the mucous and serous membranes of the small intestines, it has a different set of symptoms; and again a very different set when it attacks the mucous and serous membranes of the large intestines. I shall, therefore, next consider the symptoms which attend the acute muco-enteritis and the acute sero-enteritis, first of the small and then of the large intestines.

Symptoms of Acute Muco-Enteritis and of the Small Intestines.

They are the following:—1. Pain in the course of the small intestines, often accompanied by a sense of heat. 2. A concentration of heat externally over some portion of the small intestines. 3. Redness at the tip and edges of the tongue, or a red streak down the centre. 4. Nausea, retching, or vomiting; if not in the beginning, at least in the progress of the affection. 5. The pulse is soft and compressible, but rapid, being generally about 120 in a minute. 6. The breathing is anxious. 7. The bowels are easily moved. 8. The stools exhibit a superabundance of mucus. These are the main characteristic symptoms.

Symptoms of Acute Sero-Enteritis of the Small Intestines.

They are the following:—1. A severe pain in the bowels, increased by a deep inspiration, by coughing, or by pressure on the surface of the abdomen. 2. There is a concentration of heat externally over the small intestines, by which you will perceive that there are some signs common to all these affections; but there are others which are peculiar to each. 3. The tongue is furred. 4. Nausea, retching, or vomiting, either in the commencement or during the progress of the affection. It is set down in our systematic works, that vomiting always attends the commencement of acute sero-enteritis, but it is sometimes then absent. 5. The pulse is small, quick, and hard. 6. The breathing is anxious. It is said by the same author that the fever which accompanies this affection is typhus, because the breathing is anxious and the pulse quick and hard; but it is an absurdity to say so when it arises from a common cause, since the combined signs of typhus are absent. If you were to allow such a supposition, it would have the effect of preventing you from adopting those active measures which can alone save the life of the patient. 7. Constipation. 8. The whole skin is generally hotter than natural.

Diagnosis between Acute Muco-Enteritis and Acute Sero-Enteritis.

You will at once perceive, by reflecting on the symptoms, what the diagnostic ones are. 1. The pain is less in the acute muco-enteritis than in the acute sero-enteritis. 2. The tongue is red at the tip and edges in the acute muco-enteritis, but is not so in the acute sero-enteritis. 3. The pulse is comparatively soft and com-

pressible in the acute muco-enteritis to what it is in the acute sero-enteritis. 4. The bowels are easily, very easily, evacuated in the acute muco-enteritis, but obstinately constipated in the acute sero-enteritis of the small intestines. 5. The stools have a very different character in these affections. In the acute muco-enteritis the stools are copious, oleaginous, or mucilaginous; whereas they are less fluid, not slimy, in the sero-enteritis. I am particular respecting these points, being convinced that it is of very great importance to distinguish inflammation when seated in the mucous and when seated in the serous membranes, because the treatment of them ought to be different.

Having proceeded thus far, I shall next point out some of the symptoms which will enable you to distinguish when the *peritoneum lining* the abdominal *muscles* is inflamed, which is called peritonitis, and when the *peritoneum enveloping* the *intestines* is inflamed, which is usually denominated, roundly, enteritis.

Diagnosis between Peritonitis and Sero-Enteritis.

1. In peritonitis the pain is diffused over the whole abdomen; whereas in sero-enteritis it is limited, circumscribed to a particular part. 2. In peritonitis the heat is more high on the surface of the body than in sero-enteritis. 3. In peritonitis the pulse is more full and strong than it is in sero-enteritis. 4. In inflammation of the peritoneum lining the abdominal muscles, the stomach is not disturbed by vomiting in the beginning, only in fact during the progress or towards the close of this affection; but in inflammation of the peritoneum enveloping the small intestines, or sero-enteritis, the stomach is often affected from the first. Recollect, however, that it sometimes happens that the peritoneum lining the abdominal muscles, and that covering the intestines, are sometimes simultaneously inflamed, and then you have a combination of the symptoms.

The Symptoms of Subacute Muco-Enteritis of the Small Intestines.

The progress of subacute muco-enteritis is very insidious, and if you do not understand it well, you will never know how to treat the fevers of children especially, or that low degree of fever in adults which frequently depends on a subacute inflammation of some portion of the mucous membrane of the small intestines. The following are the combined symptoms:

1. An obscure pain in the region of the affected part. It very often happens, that if you ask the patient whether he has any pain in his bowels, he will distinctly say no, but, on desiring him to take a deep inspiration, or to cough, and if at the same time you make gentle pressure on the abdomen, you will detect it. But it is absent in some cases, even when you use pressure. If, however, you attend to the combination of other symptoms, you will be at no loss to understand whether this affection be present or not, even if the pain should be absent. 2. There is a concentration of heat over the small intestines. Whenever you put your hand over the abdomen of a patient, and find a pungent heat there, it is a very suspicious circumstance, and should lead you to a minute examination, in order to detect the seat and nature of the disorder. 3. The tongue is red at the tip and edges, the colour of a beef steak exposed to a frosty atmosphere. 4. The bowels are easily moved. 5. The stools are mucilaginous or oleaginous, like thin paint. 6. The abdomen is flat. In the progress of inflammation of the mucous membranes, the belly grows flatter and flatter, the navel is drawn towards the spine, and the integuments stretched across, at last, like withered parchment. The contrary is the case where the serous membrane is inflamed; for then the belly gets fuller and rounder in the progress.

Symptoms of Subacute Sero-Enteritis.

The following are the symptoms of subacute sero-enteritis:—1. The pain is far less acute than it is in the highest degree of this affection, but yet it is generally distinct; 2. The concentration of heat is considerable about the abdominal integuments; 3. The tongue is somewhat furred; 4. Constipation is present; 5. The pulse is hard, but small; 6. The belly is round

and fully. 7. The breathing is rather anxious.

Diagnosis between Subacute Muco-Enteritis, and Subacute Sero-Enteritis.

The diagnostic marks are these:—1. In the subacute muco-enteritis, the pain is more obscure than it is in the subacute sero-enteritis. 2. In the subacute muco-enteritis, the tongue is red at its tip and edges, but paler than in the sero-enteritis. 3. The pulse is softer in the subacute muco-enteritis than in the subacute sero-enteritis. 4. The belly is flat at the commencement of the subacute muco-enteritis, and becomes flatter and flatter in the progress of the affection; whereas if is round in the subacute sero-enteritis, and becomes rounder and rounder from the generation of flatus.

The symptoms assume a different character when the mucous membrane of the large intestines is inflamed, and these symptoms, again, are much modified, according to the part of the mucous membrane so inflamed.

Symptoms of Inflammation of the Mucous Membrane of the Large Intestines, and first about the Caput Coli and upper portion.

The following are the symptoms when the mucous membrane of the upper part of the colon is inflamed:—1. Diarrhœa. I have only met with one exception to this; I examined a body after death, where there was inflammation, and even ulceration, of the upper part of the large intestines, and yet the patient had had no diarrhœa. 2. The stools generally resemble muddy water, and are dark and offensive. 3. Pain in the part, especially on pressure. 4. Fever, but not so urgent as in inflammation of the mucous membrane of the small intestines. The heat is not so high, and the pulse is not so quick, as when the small intestines are inflamed, therefore do not mistake it for a common diarrhœa. 5. There is very considerable flatulency. 6. The patient generally passes his urine more frequently than natural. I am inclined to think that the urinary organs are more connected with the large intestines, in the due performance of their functions, than most physiologists suppose. Other causes produce a diarrhœa; but recollect that I am now speaking of diarrhœa depending on one condition, namely, inflammation. The other forms shall be afterwards described and distinguished.

It is a remarkable circumstance, that when inflammation attacks the mucous membrane of the sigmoid flexure of the colon and upper part of the rectum, the symptoms assume a different character, and constitute what is called, in plain English, *dysentery*. This, however, is a name which explains nothing of the morbid condition of the part; but, because a man has purging with tenesmus, he is said to have a dysentery. The fact is, that we as much require a new nomenclature for pathology, as it was a short time since required for chemistry. The increase of scientific information has procured it for the one, and why should it not do so for the other? It is necessary to be done, in order to keep pace with the progress of the sciences; for now all modern pathologists of pure minds are surely disposed to treat with pity or contempt the learned jargon of old colleges and schools, which only serve to conceal ignorance and maintain error.

Symptoms of Inflammation in the Mucous Membrane of the sigmoid flexure of the Colon, and of the upper part of the Rectum, or Dysentery.

The first symptom is *Tormina*, or a twisting and writhing pain about the belly and navel. It comes on at different periods, sometimes every half hour, or every hour, sometimes a longer period, and is always followed by a desire to go to stool.

2. *Tenesmus*, or an irresistible desire to have an evacuation from the bowels. 3. There is considerable straining experienced; the patient sits over the night-chair for ten, fifteen, or twenty minutes, and yet nothing but mucus or blood passes; and in the worst cases there is a mixture of mucus and blood. The patient has an attack of tenesmus after tenesmus, and it generally ends in his passing a little mucus or bloody evacuation. 4. There is a very considerable flatulency. 5. The

pulse is sometimes much disturbed at the onset, but in the progress it often becomes softer and slower, not more perhaps than 80 or 90, and yet the patient shall be labouring under the most severe form of dysentery. 6. There is a peculiar throbbing perceptible in the mesenteric arteries, which appears to be owing to the impediment offered to the transmission of the blood through the capillary vessels of the inflamed part. 7. There is a less degree of fever after the first few days than might be anticipated. The tongue is covered with a dirty white fur, and if the small intestines be not implicated, its tip and edges are pale. The patient at first generally loses his appetite, but in the progress of the affection he frequently has a longing after indigestible food and strong drinks, as made dishes, or highly seasoned ones, wine, porter, or the like. The inflammation goes on, if not arrested, the mind being perfectly collected, until at last the patient passes pus in his stools; and then, especially if a practitioner had an acute sense of smell, and had once been in a room in which a patient had passed pus in his stools, the odour is so peculiar that he would never afterwards forget it. The patient wastes rapidly, and the belly becomes, toward the termination of the disease, quite flat; ulceration then having taken place, which ought to be distinguished from that ulceration which so frequently occurs at the lower part of the ileum, the product of subacute inflammation there.—When the mucous membrane of the small intestine passes into a state of ulceration, it generally takes place about the ilium; and you might know whether ulceration was taking place there by the following symptoms.

Symptoms of Ulceration in the Mucous Membrane of the Ilium.

When it takes place here, you cannot detect the presence of pus in the stools as you can when the mucous membrane of the large intestines are ulcerated, the stools will often be found to resemble water in which putrid flesh has been washed. The belly grows flatter and flatter; the face more and more sunk; the temples and cheeks and eyes hollow, especially the last, for there appears to be an absorption of the adipose substance round the infra orbitar ridge. The pulse keeps up, being rather higher than natural; and the tongue remains red at the tip. There is a gradual, and at last a great irritation. It sometimes happens, in the inflammation of the mucous membrane of great and small intestines, that the patient becomes, apparently, very much easier; the fever lessens, the pulse becomes slower, and the tongue somewhat cleaner; but still he has an obscure uneasiness in the belly. Suddenly the patient is seized with a severe pain in his abdomen, which soon spreads over his whole belly; the skin becomes hot, the pulse rapid, and he generally dies in twenty-four or forty-eight hours. In examining such cases after death, I have found that ulceration had penetrated through the mucous membrane, and having touched the peritoneal coat, the patient had died of acute peritonitis.

The Morbid Anatomy of the forementioned Affections.

I shall next describe the morbid anatomy of these structures in which inflammation has been seated. When the *mucous membrane of the stomach, or intestinal canal*, has been acutely or subacutely inflamed, and terminated fatally, the following are the appearances which it presents:—1. A very considerable redness. The redness most frequently seems like a diffused flush over the whole surface; but, if examined attentively with a good glass, you would perceive that the part was minutely injected: it seems made up of a congeries of small blood vessels. 2. A pulpiness, or softness; the mucous membrane appears more pulpy, or soft, than natural. 3. A thickened state of the mucous membrane. If you refer to Dr. Baillie's plates, you will find a very good representation of this state of the membrane with an appearance of ulceration. But what gives us ulceration, is merely that puckering of the membrane which precedes real ulceration; for, in that stage, if you stretch it, the membrane is entire. It is very common, about the lower portion of the ileum, to find patches of the mu-

cous membrane thus puckered, and even ulcerated, about the size of a sixpence. Sometimes the mucous membrane is found in a state almost like a honeycomb, from ulceration, especially in the large intestines. It very often happens that the mesenteric glands are red and swollen, particularly where ulceration shall have taken place. Irritation of the mucous membrane of the small and large intestines is the most common cause of enlargement of the mesenteric glands, but not the only one; for I have known them descend without that affection, but this is rare. Etmuller, Roydeu, and Wagler, have all alluded to this secondary disease of the mesenteric glands; so that the circumstance of its discovery is not so recent as some have supposed. The calibre of the intestines is sometimes much contracted by the continuance of mucous inflammation.

When the *serous membrane* of these parts has been inflamed, you find—1, a preternatural redness; 2, an effusion of lymph; 3, an effusion of serum. Where the most lymph and serum is effused, there you find the least traces of redness. The only exception to this remark occurs where copious bloodletting has been early employed; for then very often but little redness is found after death, and but little effusion of serum and lymph. Pus is occasionally effused from serous inflammation of the abdominal cavity.

Before concluding, I may observe, that you might divide inflammation of the large and small intestines into two stages; the stage of *excitement*, and the stage of *collapse*. In the stage of excitement, the pulse generally maintains its force; but in the stage of collapse, the pulse becomes very feeble, and much quicker. In the stage of excitement, the pain is generally distinct through its whole course; in the stage of collapse, the pain either remits or entirely disappears. In the stage of excitement, the heat is higher than natural; in the stage of collapse, it declines. In the stage of excitement, there is comparatively considerable strength; in the stage of collapse, it declines even to complete prostration. In the first, the countenance maintains a tolerably natural appearance; in the second, it becomes hollow and sunk. In the first, the belly has nearly a natural appearance at the commencement; it becomes flatter and flatter in muco-enteritis as the disease advances, and more round and tense in sero-enteritis; lastly, in the second stage, there is mostly vomiting, if the serous membranes of any portion of the intestines be inflamed.

REVIEW.

A Treatise on Moxa, as applicable more particularly to Stiff Joints. By JAMES BOYLE, Esq. Surgeon of the Middlesex Infirmary, &c. 8vo. pp. 168. London, 1825. Callow and Wilson.

THE use of this species of cautery appears to have originated with the Japanese, by whom, and other Oriental nations, it has been much employed. The origin of the term *Moxa* has been a frequent subject of dispute among etymologists; but if it be not immediately derived from a word in the Japanese, nothing more than ingenious conjecture can establish its origin from other tongues. In France, the publication of Baron Larry's work on the subject procured it the sanction of many members of the profession; but, in England, little encouragement has yet been given to a practice which, to say the least of it, is decidedly unpopular, and opposed to the feelings and opinions of our countrymen. It may also be conceded, that other methods of practice produce all the good effects, without any of the prejudicial feelings attaching to this cauterizing process.—That its employment may often be serviceable we have no doubt, but of

its general usefulness and superiority we have but a slight opinion. It may sometimes succeed in the restoration of motion to stiffened joints, but its utility, in our opinion, is often questionable and seldom certain. In many cases of its employment by the orientalists, the pain and terror produced by its operation may have been a very probable cause of its success. In epilepsy and chorea, for instance, in which it has been employed, this refined method of torture may, by interrupting the established catenations of disease, produce a cure of the malady. It is not at all improbable that its origin may be found in those ages in which the fanaticism of devotees, and other enthusiastic sects, employed fire for the exorcism of real or imaginary ailments. Diseases of the body being, according to their creed, produced by the residence of evil spirits, the most potent agency for their expulsion would therefore be, the penance of torture. And we all know that, not many years ago, in our own country, objects of the most disgusting nature were employed for the cure, or charm, of our forefathers' maladies, and to these most potent spells of ignorance all manner of cures were attributed.

We shall now extract from the author's book a part of the History of Moxa, which will show well enough the progress it has made and the class of practitioners by whom it has been most employed.

"The word moxa, according to the inhabitants of China and Japan, designates a cylinder formed of a cottonous species of mugwort (*Artemisia Chinensis.*) The date of its first introduction into notice, as a therapeutical agent, is not to be found amongst the records of its history; but at the earliest period to which it can be traced, it was considered an infallible remedy in the cure of many diseases, particularly gout, chronic rheumatism, and nervous disorders.

From China and Japan moxa was introduced into the western part of the continent of Asia; thence, amongst the Chaldeans and Egyptians, by whom, in progress of time, its use was in some degree modified. From these ancient nations this heroic remedy was conveyed into Europe, where, occasionally, or rather in proportion to the success of the practitioner who employed it, its virtues have been recognized or discredited. Its efficacy, however, has been acknowledged by almost every nation; yet the mode of preparing it for use, as well as the manner of applying it, have much varied.

The Chinese formed a small pyramid, by rubbing the dried leaves of the mugwort between the hands, for the purpose of obtaining the cotton from the fibrous part; a little very fine tow being made to project from its summit, which latter being lighted, the material was allowed to burn down gently. The Indians were accustomed to form theirs of a species of rush, which was permitted to burn down in the same manner. The Persians employed goat's dung, dried and rolled into cylinders. The Armenians, the agaric of the oak. The Thessalonians made use of a particular moss. The Laplanders employed birch wood, in a rotten and phosphorescent state. The Egyptians, we have reason to believe, were the first who had recourse to cotton, and the civilized nations of Europe have successively adopted this material, with some modifications.

We have the testimony of Hippocrates, that the wandering Scythians were in the habit of cauterizing the shoulders, the arms, the wrists, the chest, the haunches, and the loins, for the purpose of dissipating rheumatic fluxions, which weakened those parts, and lessened their powers in bending the bow or hurling the javelin. It is stated by Linnæus, that the inhabitants of Swedish Lapland, having

no physicians, had recourse to no other remedy than fire, which was used with particular success in all complaints, accompanied by any degree of external inflammation. Such, for example, as ophthalmia, toothache, affections of the head generally, and pleurisy. Prosper Alpinus asserts, that the actual cautery is regarded by the Egyptians, and still more by the inhabitants of the desert of Arabia, as an universal *panacea*. Amongst those people numerous persons are to be met with, bearing extensive cicatrices, from burns inflicted on various parts of the body: and with them the system is valued as a most important secret; important, because it effects cures in cases which resist all other remedial and medical resources. In China and Japan moxa is in such general use, that, according to Kempfer, all those who are desirous to take care of their health do not neglect to employ the above means, at least once in six months. Ten Rhyne states, that in those countries the custom is so general, that even the culprits condemned to perpetual imprisonment occasionally enjoy the privilege of temporary liberation, for the purpose of participating in the benefits of the operation. The Japanese, it is said, in general, bear so many traces of the application of this supposed specific to the back, that one would imagine it had been entirely scorched. Each side of the spine, extending to the loins, is the part ordinarily selected by these people. The same means is frequently practised by the negroes of New Guinea in cases of epilepsy.

Thevenot and Belloni inform us, that the Turks and Armenians attach the greatest importance to moxa: and the first historians, upon describing America, after the discovery of the New World by Christopher Columbus, attest that the employment of fire was not less known to the inhabitants of that vast continent than to those of the old world.

The use of cauterization was almost universal amongst the immediate successors of Hippocrates, who extended the practice in a very signal manner, having thereby obtained the most satisfactory results in the treatment of many maladies, which could not be otherwise controlled. The same practice became general also amongst the Romans at the epoch when the Greeks unveiled to them the mysteries of the arts and sciences, particularly that of physic.

Celsus recommended the use of fire in a great number of cases, but with that wise circumspection which his writings universally evince; and it was said of him, that he conducted the application of the remedy with a degree of pusillanimity; a circumstance which has been attributed to deficiency of anatomical knowledge.

The modern Greeks, in their different schools, have not neglected to inculcate the burning system. Archigenes of Apanea, Aetius of Amydea, Aretæus of Cappadocia, Paul of Egina, Alexander of Tralles, Antylles, and Cælius Aurelianus, &c. have each called forth merited eulogium by contributing to perfect the practice.

The art of cauterizing attained the highest degree of celebrity amongst the Arabs, till, by frequent abuses, and misapplication, it at length lost much of its real reputation. Albucasis, in particular, speaking of the miraculous powers of heat, says, in seeming ecstasy, that he considers it a universal specific for all complaints; he enumerates more than fifty species of disease wherein he avers that its employment has been attended with success under his direction. He used more circumspection, however, than many of his compatriots; for instance, Rhages and Ali-Abbas, in whose methods he points out numerous errors. Cautiously avoiding blind empiricism, he saw the propriety of taking anatomy for his guide in the application of a remedy so singularly efficacious. In the course of his inquiries he made use of the following valuable observation, namely, that the direction of this remedy demanded, on the part of the surgeon, address, experience, and an exact knowledge of the constitution of the patient; such as the state, the cause, whether arising from accident or otherwise, and the time when the disease had commenced, and consequently its duration. But, unfortunately, he multiplied to excess the modes of cauterization, and the cases in which it should be employed; and his servile imitators being deficient in anatomi-

cal knowledge, dared not to diminish the number. This inconsistency increased, and the judicious application of fire, in consequence, became less generally adopted. Guy de Chauliac made such constant objections to its use, that it was much neglected in his time; notwithstanding the useful precepts of Amboise de Paré, the prudent circumspection of Fabricius de Aquapendente, the efforts of Spigelius, of Scultet, of Glandorp, and finally the remonstrances of Marcus Aurelianus Severinus, one of the founders of modern surgery.*

Such was the effect of this change, that the practice of using fire became entirely done away, and an epoch arrived when the actual cautery was not known, except as an instrument which attested the cruelty of the ancients.

The celebrated Dionis used every means to suppress this ancient practice in France, and our countryman Sharpe, it is said, was not less active in labouring for its extinction in England. After Dionis had succeeded in his wishes, the mentioning even of fire was offensive, till Pouteau undertaking to translate Prosper Alpinus, the Egyptian method was introduced into France.

The prejudices, however, which it had to contend against, induced its advocates to represent it under the most seducing aspect; exaggerating its virtues, they described it as by no means painful, except when the agent was applied to excess: these misstatements were, of course, injurious to the character of the remedy.

In the year 1755, the Academy of Surgeons in France, with a view of ascertaining the real advantages of fire in the healing art; the cases in which it was most likely to be successful; and the most efficient mode of applying it, instituted certain inquiries for the purpose. Professor Percy was elected to report from experiment and practice. Various modes of applying heat, from the concentrated rays of the sun to the actual cautery, were put into requisition; but as a full detail of the measures adopted would be rather tedious than useful, it may suffice to state here, that the investigation was favourable to the reputation and revival of this ancient remedy. Thus was again brought forward the most powerful and successful agent which we possess in the treatment of chronic disease.

In this country moxa is known by little more than name—a name too, which, from the impression it conveys, is not likely to recommend it to general notice. Such, indeed, is the severity with which the operation is performed on the Continent, where the remedy is in common use, that the objections held against it in England, both by practitioner and patient, are not much a matter of surprise. The circumstance of deliberately and slowly burning a part till an eschar is formed, must ever bear the semblance of rudeness and barbarity, whatever may be the result of the process. This, however, is not the only objection, another of far greater consequence exists, namely, that moxa, when applied to the extent and rapidity of a cautery, is not capable of effecting the same, or equally important purposes, which a gradual or slow process has the power of doing. This idea was conceived from a physiological consideration of the action of heat on the human body at various temperatures, and gave rise to a modification of practice, in which the author feels borne out by the result of the following extraordinary cases, which, as they offered resistance to every other chirurgical agent, except the one now under discussion, will perhaps be considered the best proof in favour of the remedy, and of the mode of applying it hereafter to be explained."

The remainder of our author's performance is, for the most part, occupied by the details of thirteen cases in which he has employed the moxa, in some of them with success, in others without it. At the conclusion of the 4th case, page 43, are the following remarks:

"This case is recorded, not on account of any great good which the patient

* Sydenham was, perhaps, the only man of consequence in this country who made much use of this remedy; he employed flax.

derived from the use of moxa, but because I believe it is additionally illustrative of the wonderful powers of that remedy, particularly by giving free motion to the patella, which had been confined *seventeen years*; and, in my opinion, gives sufficient evidence, that had this been a case of false, instead of true anchylosis, it would have been effectually cured by the means employed."

That man would be a bold practitioner who should endeavour to remove an anchylosis of the knee joint of seventeen years' duration, by the use of moxa, or by any other method.

The last case in which the author employed his remedy is lumbago, and there can be no doubt, from the account he has rendered of it, that other means would have equally succeeded.

"A gentleman, who had been much exposed to wet and cold three successive days, was suddenly attacked with lumbago and diarrhœa-biliosa, accompanied with febrile symptoms; the latter were conquered by appropriate medicines, but the lumbago was so severe, that he was confined to bed, being unable to stand or move about. In this state two days were passed without relief from the means commonly practised in such cases; at length moxa was decided upon, and three cylinders were accordingly burned over the affected part; when, to the great delight and astonishment of the patient, all pain was effectually removed; nor had he any return of his complaint afterwards."

Our author next treats of the action of moxa, which, according to his view of the subject, sometimes produces its effects by inducing counter irritation, but more frequently by increasing absorption. In the remainder of the treatise, the various subjects of cupping and leeches, setons, issues, shampooing, manipulation, electricity, and galvanism (as remedies) are briefly touched upon. There are also some observations on affections of the spine, and on exercise and diet for children, in which nothing new is presented to the reader.

To those persons who may wish to make trial of the moxa, and to whom the work of Baron Larry is inaccessible, Mr. Boyle's book may be of service. We think, however, that the whole might have been embodied in a communication or two to any respectable journal. It is obvious enough that the remedy is of too painful a nature to be much employed in private practice, and the trials which have been made of it in our public Hospitals have not demonstrated its superiority to many other modes of procedure.

THE FLY TRAP.

No. I.

"Break not a fly on the wheel."

To the Editor of The Lancet.

Sir,—There grows in America a very curious plant, which botanists have called *Dionea muscipula*, or 'the *fly trap*. We shall first give you a description of this vegetable production, and afterwards point out the uses to which it may be applied. "Its leaves are jointed, and furnished with two rows of prickles; their surfaces are covered with a number of minute glands, which secrete a sweet liquor, and allure the approach of flies. Whenever these parts are touched by the legs of a fly, the lobes of the leaves instantly rise up, the rows of prickles lock themselves fast together, and squeeze the unwary animal to death." Would not the construction of such a machine as that just described be a matter of some utility in the pages of The Lancet; for you know, Mr.

Editor, from long experience, that the adage we have quoted above, "Break not a fly on the wheel," has left critics, up to the present moment, destitute of any adequate means for the punishment of those tiny culprits that elude, from their insignificancy, the more ponderous vengeance of the rack. Whenever, therefore, one of these small insects of the mosquito tribe, such for instance as the late *grammatical* letter from Stephen's Green, shall fall in our way, we shall just give it a gentle squeeze in the fly trap, and make it die the victim of its own temerity. There will, no doubt, be many candidates for this novel species of critical martyrdom, but the peculiar excellence of the contrivance consists in being at all times ready for the dispatch of petty criminals. Before, however, this quaint engine is regularly set to work, it will be necessary to premise a few words on a subject totally different from that which claims the honour of giving birth to the invention of the fly trap.

Mr. Colles has kindly volunteered to contradict a statement made by us in the sketch of the Surgeon General of Ireland. Whether that statement be or not, what Mr. Colles has politely designated it, "a groundless falsehood," is indeed to the public a matter of perfect indifference. Mr. Colles and Mr. Crampton both may, with perfect security, persist in denying the truth of that assertion; for they well know, that our situation, as anonymous writers, precludes the possibility of making use of the authority upon which our statement was founded. The statement in question was made upon authority which we then could not have doubted, and without any, the most distant, intention of wounding the feelings of either party concerned. Did we, at that time, entertain the slightest suspicion of the inaccuracy of our information, the assertion would never have been made, because it could never have been so much as thought of by us; and, in as much as written is preferable to oral testimony, we do, with great pleasure, give implicit credence to the letter of Mr. Colles; for we hold, that no man can be lowered in public estimation by the admission of an error of which he was not sole inventor. The credit to be attached to Mr. Colles rests precisely upon the same foundation as that upon which our assertion was made,—namely, believing what we are told. If then the public bestow that indulgence on Mr. Colles, which we sincerely hope they may, they more than justify our conduct, if consistency form any portion of those motives by which men should act and think. If every writer were to remain silent until he first had ocular demonstration of the truth of what he asserted, we much fear whether the good resulting from such precaution would compensate for the evils of a practice tending to the subversion of society, by laying the foundation of universal scepticism. By this principle only should the question be decided, for, by the adoption of any other test, the utility of history and biography—the fame of a Livy or a Plutarch, would soon be destroyed. We could have no objection to suffer in such company.

So much for the duel, which we are happy to find was all smoke. Had Mr. Colles confined his labours to puffing it away, we should have stopped here; but he has not, and he shall have all the honour resulting from his intentions. This letter contains a *spice* of malevolent irrelevancy, which, to use a phrase of his own, we cannot let pass unnoticed. But first let us see what he has put on paper, for by this time it may have possibly escaped the reader's recollection:—

"I hold in utter contempt any attack made upon me in an anonymous publication, still I cannot let pass a statement, involving the character of the profession to which I belong. I must declare myself unconscious of ever having used any hasty expressions in my lectures. The good feeling and friendship, which *has* subsisted between him and me, *has* not been interrupted, &c.——and as I presume, *you*, sir, can have no motive," &c.

The devil he does! despise us? why that is monstrous kind, and more than we could possibly expect from so high a personage as Professor Colles, whose love or hate might be considered far beyond our littleness to excite. Yet so it is; and after this specimen of bravadoing, we are furnished with

a letter making one end of the writer's tongue contradict the other. Had he really felt that contempt (which, being interpreted, generally means respect) for us which he affects, it is probable he would have remained silent, as most persons do, who find it an easier task to keep their lips *dignifiedly* closed, when spoken of in a manner they do not relish, than to attempt a refutation of facts. Consistent in all his motives, he next informs us, that he contemns us, not because we are contemptible, but because we are anonymous! Better still; how admirably does this chime with the fact before us, of a letter purporting to be a contradiction of a mis-statement too, of a despicable anonymous scribbler? Oh! what a spectacle! a Surgeon, the first in his profession in Ireland—a Bachelor of Arts, a Doctor of Medicine, the Professor of a National Institution, who cannot put nine or ten sentences together without committing as many blunders as they contain words! But the vengeance of the "Fly Trap" is not yet sated; a few more thorns must transfix this gnat before its death be completed. What could have induced Mr. Colles to suppose that any squabble between him and Mr. Crampton could bring disgrace upon a whole profession, we cannot pretend to say. Verily we were not prepared for such a piece of modesty from one who could vaunt, at certain times, of the glories of "dying game." But "Jocundi calices quem non fecere disertum;"—brandy inspired Addison, that model of morality, to outrage Heaven, by calling it to witness the purity of his life. Alexander, we are told, "thrice slew the slain" in his revels; and will not a portion of human frailty be permitted to men of lesser souls, or to those who can boast of possessing no such appendages? Yes, by all means; but in the name of common sense, no hypocrisy. Did Mr. C. never wax his ligatures, at the peep of day, under the hawthorns of the Phœnix Park, while the paces were counting out, to repair the "wear and tear" of a fire-eater's arteries? Nay, did he never receive the crisp, crackling, hot-pressed pound notes, just fresh from the Bank, for one of those matin excursions? Out upon such hollowness! to receive the wages with one hand, and with the other to proclaim the deed a disgrace. Passion may palliate the principal in a duel—for the howling accomplice there is no apology in morals. We thank Mr. Colles for his subtile distinction between disgracing a profession by a duel, and pocketing the wages of sin. We have now, for some time, been in the habit of imputing offences of a more heinous nature to the members of the profession, than a mere "exchange of shots," and where was Mr. Colles all this time, that he did not come forward and offer a vindication? Need any person wonder, after this, when he says, he is unconscious of having ever used harsh language in his lecture, though the contrary is as notorious as the sun at noon-day; or be surprized that he boasts of intimacy with the Surgeon General, though it must have been a very equivocal kind of friendship which regulated his conduct at the memorable operation at the Meath Hospital. One squeeze more, and we have done. It may afford the school-boys of the United Empire some consolation to see grammar faults corrected, which, had they been committed by them, they would have tasted the birch or worn the fool's cap. Then there is some fun for the "knights of the satchel." "The good feeling and friendship which *has* subsisted between him and me, &c. *has* not been interrupted," &c. Poor *verbum personale*: there was a time when Professors, who not only composed correctly in their native tongue, but even in the dead languages, held the mandate inviolable; it remained for Bœotian York-street to set it at defiance. On this head we shall say no more, as it is no longer wonderful that a man, who commenced by saying that he despised a thing because it had no name, then refute it in his own hand-writing; next deny all his former propositions, by accounting with his readers for his conduct, by the avowal of a motive which was false in argument and incredible as regarded himself, and, after all this, deny what every person knew to be true of him; it is not wonderful that such a man would say, two and two *is* four, but *is* five into

the bargain, if circumstances required such conduct.

We must intreat the reader's forgiveness for detaining him so long at the sacrifice of a "fly." We promise to be more concise in the next execution that shall take place in the "fly trap." The pages of this Journal contain ample testimony of the high estimation in which we hold the professional acquirements of Mr. Colles, and we now wish it to be distinctly understood, that what we have just said is not intended as a retractation of those opinions. Like most men, he is incapable of judging rightly of a question where self interest and evil advice interpose. We sincerely regret, for the sake of justice, that he has, either wilfully or otherwise, mistaken our motives, or sought, by artifice unworthy of him, to weaken the strength of our *individual opinions*, because, being based upon truth and reason, every such attempt must prove abortive.

ERINENSIS.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

GERMAN JOURNALS.

Cholera Morbus.

In a former Number* we gave an abstract of the account of the progress of the *cholera morbus* of the East to the shores of the Mediterranean and Caspian Seas, furnished by Doctor REHMANN, chief Physician of the Civil Medical Department of Russia, to the Editors of the *Journal der Practischen Heilkunde*; which report appeared in the June number of that Journal.

We expressed our opinion at the time, that the Russian Government would adopt vigorous measures to prevent, if possible, the extension of a disease into their territory which threatened to annihilate the population of the southern part of the empire. We have been anxiously on the look-out for further information on this important subject, and the second communication of Dr. Rehmann is just come to hand, the substance of which we shall proceed to lay before our readers. Although it is not so conclusive as we expected, yet it is interesting, in as much as it informs us of the precautionary measures adopted by the Russians, highly creditable to the promptitude and intelligence of their medical officers.

Persons in Europe had obtained very imperfect accounts respecting the progress of this disease in Persia; indeed they were not at all acquainted with the fact, that the cholera had appeared, so early as the summer of 1822, in the northern provinces of that empire, in Tauris, or in the provinces adjoining the Russian frontier. It had been reported, by the newspapers, that the disease had spread only over the southern provinces of Persia, extending from Bagdad to Aleppo.—Many persons even then doubted whether this was identically the same disease that had raged so dreadfully in India; and others smiled at the idea of the cholera extending itself to our quarter of the globe.

Now it does appear rather singular, that a disease, which has hitherto been confined within the Tropics, should extend itself so far as the southern

* See LANCET, Vol. V. p. 470, in which the ravages made on the population of the countries over which this scourge passed are accurately recorded.

part of Russia, where the winters are often very severe and the rivers remain frozen for several months in the year. Whilst it was supposed that this disorder was only spreading along the banks of the Euphrates, or pervading the hot desarts between Asia and Africa, an unexpected and short account was received from Tiflis, dated the 17th of July last year, to the following effect:—1. That the disease called cholera had appeared in May in that neighbourhood. 2. That it had destroyed, in the fortress of Lenhoran, on the Caspian Sea, four men; that it had proceeded thence into the province of Schirvan, and that it had made its appearance particularly in the town of Sallian, seated on the river Kenr, which empties itself into the Caspian Sea, and had destroyed there several persons; from which place it had spread into the adjacent country.

The importance of this intelligence was at once perceived, and occasioned the following measures immediately to be instituted:—

1. To send several young physicians, who had just finished their studies at the Medico-Chirurgical Academy, to Grusia, to act under the superintendance and direction of the older practitioners, and to assist in the treatment of the disease. This was the more necessary, because that part of the country was very destitute of medical aid.

2. That there should be an extraordinary meeting of the practitioners of physic called, who should consider fully the nature of the disease, and draw up a plan for the treatment of it; to be afterwards forwarded to all the physicians in the southern provinces, in order to prepare them for the management of so formidable an enemy. The measures to be pursued by the local authorities were left to the discretion of the Governor-General of the provinces, and it was strictly prescribed to the Medical Establishment at Tiflis to collect the most accurate information, by their own efforts and those of other persons who had any knowledge of the disease, as to its origin, progress, and mortality in Persia, as well as in our own provinces, and to endeavour, if possible, to ascertain how it had been communicated from the former to the latter. Also to ascertain, whether the violence of its symptoms had increased or diminished, and whether its mortality was more or less than its former mortality in Persia and India. To inquire into the nature of the remedies that had been found most useful, as well as those which had been found ineffectual or injurious. To dissect the bodies of those who had died, to discover the alterations in structure or appearance produced by the disease, and, if possible, the cause of death.

The activity and investigation here displayed were highly necessary, and we hope that this professional junta of Russia has not only succeeded in preventing the further inroads of so formidable a disease but that it will also furnish us with the particular treatment instituted, and the results of that treatment. Dr. Rehmann has promised to do this in another paper, for which we must be content to wait, perhaps another three months.

Whether this disease is *contagious* or not, is a point not as yet quite decided, and on it the authorities to which we shall here allude are divided.

Dr. DAVID KARBINSKY, an Armenian physician, residing at Tiflis, anxious to supply what information he possessed on the treatment of the cholera, addressed a letter to the Archbishop of the Armenian Church in Grusia, in which he stated, that he had had considerable experience in the management of this affection whilst a resident in British India, and communicated, in the same letter, the remedies which he had then found most useful. These are of course already well known to the profession here; brandy, opium, and calomel being the principal things employed. Dr. Karbinsky's testimony, as to the contagion, is this,—"This disease *is not contagious*,* like the plague and other diseases." The observations which he made on dissection are these,—"The brain, the stomach, the intestines, but especially the lungs and liver, were crammed (ueberfüllt) with blood." Whilst Dr. REHMANN, in a note which he addressed to Professor Hufeland, contends that the disease *is contagious*. He says, "We deem it nevertheless to be contagious,† and there is no doubt that it was brought by the merchandize and people in the boats to Astrachan; yet it is not so infectious as the plague."

Such are the conflicting testimonies of men at present engaged in the arrest of this terrible scourge in Persia and the South of European Russia; whether their attention will be hereafter more directed to this point is doubtful; but from the intelligence gained from other quarters, we are inclined to coincide with Dr. K's opinion, more especially so, since we have perused the valuable body of facts introduced into Dr. MACLEAN'S excellent work on the "Evils of Quarantine Laws and non-existence of Pestilential Contagion."

* The Continental writers continually use the words contagion and infection as synonymous. The German translation of that part of Dr. K.'s Armenian address to the archbishop is as follows:—"Die krankheit ist *nicht* contagiös."

† Dr. Rehmann's words are—"Wir halten übrigens die krankheit *für* contagiös."

ON THE HALLUCINATIONS OF THE SENSES.

AN interesting paper on this subject, written by M. BAYLE, a man of considerable reputation, will be found in the *Revue Medicale* of January last: he has promised to continue it in a future number, and from these memoirs we shall present our readers with extracts.

The man who enjoys his reason and the free exercise of his faculties, experiences at every instant of his existence a multitude of sensations which inform him of the presence of external objects and of the modifications of his proper organs. These perceptions, alike essentially in all men, differ only in degree: as that which one sees, another sees; what one hears, another hears. It is this universal assent, this

uniform testimony, this general authority, which makes sensation the principal source of human knowledge.

But sensations have some necessary conditions of existence: to see, it is necessary that the object should be so placed as to reflect to the eye the light which it receives: to hear, it is necessary that the air should receive the vibrations of a sonorous body, and that this undulation should be communicated to the membrane of the tympanum. To experience the tactile sensation, our organs must be submitted to mediate or immediate contact with external objects; and the same of the other senses. But all these conditions of sensation may be wanting, and yet the sensation itself remain. A man may have a perception, or an intimate consciousness, of the presence of an object which does not exist, or which at least is not demonstrable to the senses. It is to these aberrations of the senses that the names of *illusions*, or *hallucinations of the senses*, have been given, and which may be defined *false perceptions*. Such is the supposed presence of certain objects which have no existence, and which, if they do exist, are different from what they appear to such persons to be; and these illusions may affect one or all of the senses. These phenomena are very common in insane persons, but are sometimes observed in those who possess their reason.

Melancholics and maniacs are the most frequent subjects of these illusions.

1. *Hallucinations of the senses in melancholics and monomaniacs.*

The hallucinations of the *sight* are very frequent; individuals who are the subjects of it imagine that they see things which do not exist, or see things which exist different to what they really are. They imagine that they see their parents, their friends and their acquaintances, in the persons who may surround them, but who are entire strangers, and the establishments in which they are confined they believe to be their own houses; but interrogate them on any subject, you will be astonished at the correctness of their sensations and at the manner in which they reason.

Others are not able to read, because the letters appear to run into each other, or they see things altogether different to what are written. A young man who had behaved ill to his mother, was afterwards tormented greatly by remorse. One day wishing to divert his mind from the subject by reading, he took up a romance, but the only sentence that he could perceive on every page was this,—*Tu es un ingrat, tu es un fils dénaturé.* He resisted this illusion a long time, but he could not overcome it, and at last lost his reason altogether. An old man, who was sane enough on every other subject, was tormented every day at a certain hour by a singular vision. He saw a spider suddenly suspended by his web from the middle of his room. He saw it progressively increase and fill the chamber, from which he was obliged to go to prevent being destroyed by this horrible and gigantic creature. And although he knew that his sight only deceived him, he could not resist this illusion, or overcome the fright which it occasioned.

There are some individuals who fancy that they see skulls, dead bodies, all kinds of animals, angels, and even God himself. The following examples will show us other varieties of optical illusions.

A young man, after having put himself in a rage with his father, heard a voice which said to him, *Tais-toi*; and as it continued to speak, he saw over his head an arm extended which held a sword ready to strike on him. He was silent, and the vision immediately disappeared. But since that time, as soon as this unfortunate opens his mouth to speak a word, the threatening arm appears; and for a long time the miserable youth has been condemned to absolute silence. A captain of a vessel, confined in the Lunatic Asylum, is the subject of very different illusions. To him the heavens and the clouds are as an open book, in which God displays to him all the events that are to happen on every day, and those which must be disclosed in future ages. He sees there a book of hieroglyphics, which consist most frequently of the figures of animals, to which he alone has the key. This man possesses much spirit and intelligence, and talks rationally on all other subjects but his visions.

The hallucinations of sight, by the forms which they sometimes present, give rise to the most dreadful crimes. The most astonishing, and at the same time the most frightful, example that I can cite, is that of a distinguished barrister of Clermont-Ferrant, who, having experienced many domestic afflictions and having become extremely jealous, lost his reason, and was taken to an asylum at Paris; where having remained about a year, he was completely restored, and returned to his family. He had resumed a part of his occupations, when his jealousy again arose, and he became again the subject of certain illusions, which he regarded as the product of a weakness of his head, but which he could not nevertheless overcome; they increased in their duration and frequency until he became completely delirious. He fancied himself attacked by mysterious and evil personages, and he resolved to pursue and attack them in turn, and for this purpose armed himself with a razor. He went down one day into the cellar with his wife, and whilst she was engaged about something, it appeared to him that she was transformed into a demon, who was about to drag him to the bottomless pit. He drew his razor suddenly from his pocket, fell on her, and made a mortal wound in her neck. Having done this, he put the razor coolly into his pocket, and hid himself behind a cask, to see if the demon would again appear under another form. In about an hour and half, his sister, surprised that they stayed away so long, went into the cellar; she had scarcely entered when the visionary attacked her with fresh fury, and sacrificed her near the body of her sister. He again hid himself, to see if the demon was really dead, or whether he would appear in another shape. The people having heard the cries of the latter victim, rushed in, and found this miserable man covered with the blood of his wife and sister, thinking that he had effaced all his

sins by one action which he said was so glorious.

We shall commence with the illusions of the hearing in our next.

SOCIETY OF PHYSICIANS OF THE UNITED KINGDOM.

The Decad of Doctors.

[Continued from p. 247 of our last number.]

——— sanctus haberi
Justitiaque tenax factis dictisque mereris?
Juvenal, Sat. viii. v. 25.

In our last number, we took a general view of the principles, practice, and ultimate views of associators—bubble projectors, and framers of societies for the ostensible purposes of ameliorating the condition of the community in arts and in morals, and in all the civil concernments of life. We shall now speak more particularly of the matter before us, to wit: "The Society of Physicians of the United Kingdom," as some ten persons are called in J. Copland's repository. And as we are not aware that any other channel has been opened between said society and the professional public, other than the advocate's pages, it is most likely that no *very extensive* mischief has been done. For, with the exception of the editor Jemmy, and his eight or nine associates forming the Society, we do not know of more than one or two other M.D.'s who are readers of the Repository, and consequently the "decad's prospectus" has lain, like a still-born child, till it was animated last week by a touch of The LANCET. We are afraid, however, that the morbid diathesis of its parents has been entailed on their bantling, and that the keen edge of our instrument will be ill-suited to the temperament of this feeble progeny of impotence and folly. All who have seen it have execrated it as a monster, and those who learn the mystery of its accouchment, from the pages of The LANCET, will wait only to be regaled with the dissection of the "child of woe."* We shall therefore proceed to display the "pranks of nature" its form exhibits, and shall also touch lightly on the anatomy of its nurse and papa, Jemmy Copland.†

* By the bye, we thought at one time to have made a dry preparation of the decad's darling, but have taken the advice of Mr. Cliff, at the College, and determined to display its anatomy in print. It presents nothing to our view but a confused mass of adipose matter, which we conceive its parent mistook for brain; to which, however, it has not the least shadow of resemblance.

† The circumstances which gave origin and life to the filthy form of the defunct, will be best illustrated by the following allegory. Between the hut of poverty and the temple of riches there is a wide waste to be traversed, and many obstacles are opposed to the progress of the traveller. First, issuing from the hut of poverty, the true and honourable path lies to the right, which, however, is narrow, and of extreme difficulty of attainment, and comparatively, few pilgrims have traversed its devious track for ages. On the left hand there is a broad and beaten path called the royal road to riches, and many travellers are betrayed by the fair prospects which this vast expanse opens to their view. This path, though apparently so fair and smooth, and

Let us first take the opening prospectus of the society, which our readers will find in our last Number, or in the Repository, No. 8, vol. ii.—

equable, is beset with pitfalls and "hair-breadth 'scapes," hostile bands under various leaders, scour the adjacent heaths, and interrupt and put to death all persons travelling with the passport of a rival chief. So that it has, for ages, appeared necessary to those who would undertake this dangerous journey, to put themselves under the personal protection of one of the chieftains, and most travellers have enlisted under that banner which seemed to offer the fairest prospect of safe conduct to the temple of their adoration. The names of the most conspicuous of these princes are, Hypocrisy and Legerdemain—Fraud and Cunning—Speculation & Monopoly—Bubbles and Associations—to which last "twin brothers" all the other chiefs, with the exception of the first, have latterly sworn allegiance; but with all these united forces, the strength of the former power remains fully equal to that of the latter.

Early in the month of June, a square built, dark looking person, by profession a doctor, issued from the hut of poverty and wretchedness, and casting his "baleful eyes around," espied the road of countless myriads with the temple of fame and emolument in the distance. The hosts of hypocrisy and legerdemain were on the point of setting out on their day's march, and from them our Doctor required safe conduct to the temple of his ambition, which, as soon as he had sworn fealty to the chieftains, was readily promised, and he was placed in the rear of the army,* which was soon afterwards put into motion. They had not proceeded far, however, when the rival host was espied under arms, and drawn up in divisions to oppose their progress. Retreat was impossible, and compromise could not be effected. The swords of the saints now leapt from their scabbards, and the speculators charged with the fury of demons. Dire was the conflict—dreadful the dismay. To tell the deeds that were done by either host would require a thousand tongues, "a throat of brass, and adamantine lungs."* Suffice it to say, that the approach of night only put an end to the contest which had been so equally and resolutely maintained. Both parties claimed the victory, but neither obtained it. Morning at length began to dawn upon them—a council of war was called by the speculators, and overtures were made to the rival party, which ended in a treaty of peace. It was agreed between the chieftains, that on this happy occasion some public manifestation of their mutual joy should be made, and it was determined that the unfortunate Doctor, who was the last recruit of the preceding day, should be sacrificed to the flames,† that a sort of *auto da fé* exhibition should be made of him.

The site of a desolate temple, once sacred to Momus, was ordained for the purpose. The Doctor was brought forth, dressed in a *san benito*,‡ and his head was adorned with the pages of one of the monthly publications. He appeared to suffer great mental and bodily anguish, and cried and blubbered most lamentably. But a sudden miracle preserved him from the roasting element; for, lo! whilst the flames were beginning to be kindled around him, on a sudden his capacious head seemed to open from its inmost recesses, and a starveling imp leaped forth, and and cried out, "Society of Physic;"§ when, like an empty cabinet, the wounded "capital" was again hermetically sealed, and no mischief appeared to have happened to its possessor. All were astonished.‖ The saints looked upon it as the finger of

* It was the constant practice, on the admission of a raw recruit, to place him in this situation, and, when deserving it, he was promoted according to his merits.

* Pope's Homer.

† Me destinat aræ.—*Virgil.*

‡ *San benito*, a kind of garment worn by the criminals of the Inquisition. It is a sort of canvas shirt, painted all over, with various devices in front.—See *Voltaire's Candide.*

§ And cried out *Death.*—*Milton.*
In this instance the meaning in the text is synonymous with that of the poet.

‖ Obstupuere omnes.—*Virgil.*

We have only to remark, that the writer of the article in question is a man who *pretends to be* a PHYSICIAN; how far he is so we shall presently inquire.

"Although medicine (says he) has been studied from a very early period, and considerable genius and learning have been employed in its cultivation, yet, such is the extreme complication and difficulty of the subject, that its present state still admits of great improvement," &c. In plain truth, our author says, that medicine has been studied from an early period; and means, of course, that, from time to time, such men as Hippocrates, Galen, Aretæus, Harvey, Mead, Cullen, and others, have sprung up to enlighten the minds and enlarge the ideas of the temporary practitioners. And no one can doubt that the Doctor is also right in the following particular: viz. "that medicine is capable of great improvement." Why, what a sage remark! Can the Doctor tell us of any art or science which is not capable of improvement? Can he demonstrate to us, by any process his *fertile* brain may invent, that he is not himself a man who has yet much to learn? Does he find that the transition from Pupil to Lecturer is as easy and profitable, and as honourable a mode of procedure as he can adopt?

A little further on, the Doctor says, that "whatever contributes to the advancement of medical science must add to the dignity of the profession"—Which is a stale truism, and may be illustrated thus: Whoever contributes to the relief of a beggar must add to the dignity of the profession of mendicants. And that this is the case there is no doubt; for, generally, and abstractedly, how can that add to the "dignity of that profession" which is only vaguely, or perhaps adventitiously, or casually, afforded. "Whatever," says the Doctor—(and there can be no doubt that the most wholesome meaning of "whatever" is pecuniary assistance)—"contributes to the advancement of medical science must add to the respectability, remuneration, and profit, of a medical practitioner," which is also subject to various objections, upon which, however, we shall not dwell at present. The projector next says, that "much may certainly be accomplished by united effort, which individual exertion, however well directed, is unable to effect." To be sure, the united efforts of an army may carry a town by storm, although, perhaps, it would require a single head to suggest the most judicious method of procedure, and give his directions for the investment of the place. It is of little use to form a company, unless experienced officers

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heaven, and the speculators thought some profit might be made by the preservation of both parent and offspring. Four subalterns from either party were accordingly selected and sworn on the committee, and to them were added, to make up a quorum, the bantling and its parent. The ruinous temple was immediately consecrated to the little infidel, and a formal proclamation was issued. The best institutions, however, are liable to anarchy, and all states are open to the inroad of hostile armies. Both of these misfortunes befel the unfortunate *childe*; he was deposed and strangled; the temple was rased; and the committeemen fled in dismay—Plurima desunt.

are destined to superintend and control its movements; and for this reason, the association of which we are speaking must inevitably dwindle to nothing, and shortly be annihilated; for that which is of use to no one will speedily become loathsome to its few supporters, and execrated, as it justly ought to be and has been, by all men of spirit, honour, honesty, freedom, and good will. When the *advocate* says, that "united effort" may accomplish that which individual exertion cannot, he is widely at sea, and makes an assertion which, in an intellectual sense, he cannot maintain. It is well known that the members of the French Academy, by their united labours, produced a dictionary infinitely inferior to another constructed by a *single* individual. And how can medicine be improved by the association of men who have had so few opportunities of seeing the diseases to which the human body is subject? Besides, most of the worthies composing the society are already previously engaged, most of them are in the habit of submitting their lucubrations to the printing press, and forth they come, blazoned with all the pomp of Davison and Bensley—CLUTTERBUCK on Fever—COPLAND, Notes on Richerand—HANCOCK, Treatise on Instinct, foolish enough—UWINS, a paltry compiler of medical practice—SHEARMAN, who has published a book which we have not taken the trouble to read—BIRKBECK, who gives lectures to mechanics because he cannot deliver them to medical students—and ROBERTS, who sometimes assists his mother in Fleet-market in the disposal of her wares. What an admirable association of talent and name, rank and respectability, is here!

It will be observed, that although this supreme society have chosen to exclude practitioners in midwifery, surgeons, and others, from any participation in their rights and privileges (if they have any), yet they have the effrontery to observe in their prospectus, that it is their intention to publish any papers "which may be transmitted to them by the profession at large," so that the profession at large is to be drawn upon to support, by their communications, the Dead's Society. If the profession is to be injured, is to be insulted, JEMMY COPLAND is not the man to make the proposition. By and bye a shoeblack will begin to teach the polite arts, and a washerwoman will undertake to embody all the graces of a lady of fashion; an ape will speak good English, and a monkey will be serious and preach sermons to fools and asses.

The third article of their resolutions is worthy of the utmost attention:—"That the Society consist of such persons only as have actually prosecuted the study of medicine in a University." Every body knows, that by attending or pretending to attend certain discourses in the Universities (as they are called) of Edinburgh or Glasgow, he may procure a diploma after two years' apprenticeship there (for we can call it no other), and the expense will be rather less than that incurred by the pupils of London in passing their examinations before the surgeons and apothecaries. Although the northern school of medicine has

been much extolled, yet every one who has witnessed the advantages afforded in London will award the palm of excellence to the latter. A student in Edinburgh learns no more than he may do by study at any remote distance from the place. Perhaps Dun-Edin has a felicitous sound to the ears of many; but, for our own parts, we are not disposed to agree with those who have so strongly advocated the cause of Scottish diplomacy. We confess we have many valuable friends who have studied medicine in Scotland, but that University cannot be much honoured by recording such names as Copland, Uwins, Roberts, Hancock, and others. The practitioners of midwifery, although regularly educated, are excluded from the Society, for the only reason, we suppose, that "they are useful men," and have some employment, which, it is much to be regretted, the major part of the Decad has not. Besides, Jemmy Copland thinks that the art of midwifery should be entrusted to females, and goes so far as to insinuate, that the untimely death of the late Princess Charlotte would not have occurred, had a female midwife been employed. This man is a consulting physician (as he tells us) to Queen Charlotte's Lying-in-Hospital, and there can be no doubt that the advice of a person who can talk and write in this manner may be extremely valuable to a company of old women, but can be of little use to those who are subjected to the pains of child-bearing.

Now, although "medicine has been studied from an early period," and although we have looked over many thousand books on the subject, yet it does not appear to us that any such a contumelious project as the present has ever before been attempted; and as we cannot enter further into the consideration of the Decad's conduct this week, we shall conclude by recommending our readers to avoid them as much as possible, and, if called upon to consult with them, to decline that honour.

TYRRELL *v.* THE EDITOR OF THE LANCET.

This was an action instituted by Mr. TYRRELL, one of the Surgeons of St. Thomas's Hospital, against the EDITOR of this Work for an alleged Libel, that appeared in No. 7 of our last volume. As we have no desire to thrust upon the notice of our readers those matters which relate more particularly to ourselves, and as many of our subscribers felt dissatisfied at the *Chancery Report*, we have, on the present occasion, for the purpose of pleasing all parties, printed a VERBATIM account of the above Trial in the form of a SUPPLEMENT to the present Number; and as the figures of each page are thus * marked, it may or may not be bound up in the volume.

At the conclusion of the Report, will be found a few remarks on the nature of the action and on the *one-sided Charge* of CHIEF JUSTICE BEST.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Hydrophobia.

Late in the evening of the 25th ult. C. D., a lad, about 13 years of age, was brought to this Hospital, suffering under hydrophobia. Upon inquiring, it appeared that about a month since he had, while playing with a little dog, received a small bite directly on the ball of the right thumb. It gave him no pain at the time, bled but very little, and healed very shortly after; he did not in the least think of it, nor did the wound give him any inconvenience. It appeared, however, that he has for some days past had a great horror of becoming mad, and that about two days previous to his being brought here, he complained of an uneasy, uncomfortable feel about the throat on attempting to take any thing, and this was followed by spasm and convulsion. What means the friends pursued, or indeed if any, we could not correctly collect. When placed in bed, he was in a state of excessive irritability; at times sensible and collected, and then relapsing into a state of wildness and incoherency. These intervals of reason were, however, very short; he complained that they were going to kill him; that they were pouring boiling lead down his throat, so great was the pain and sense of oppression there. Upon MORGAN throwing a few drops of cold water into his face it brought on convulsions. He would not allow his hand to be held for any time, to ascertain distinctly his pulse; he very often urged them to kill him, to put him out of his misery. This poor fellow exhibited a painful scene, and the more so since the present state of our knowledge affords no remedy from which to form any reasonable expectation of relief.

A tobacco enema was administered, but without any alleviation of the symptoms, or even producing any sensible effect on the system.

He lingered on in this state until about four o'clock on the following morning, when he expired.

Inspectio Cadaveris.

The inspection did not take place until the 28th, when Mr. KEY proceeded to examine the head. Upon removing the skull the dura mater appeared healthy, although, perhaps, more injected than natural; there were, however, no marks of inflammation. Upon removing the brain it also appeared very healthy. Cutting into the lateral sinuses, but a very small quantity of water was found, not more than a drachm. The base of the brain appeared also healthy and natural; but upon cutting into the crura cerebri, the left crus appeared of a much darker hue than the right, although this darkish spot did not extend through its whole length.

The wound on the thumb was quite healed and firmly cicatrized.

The friends would not allow the examination to proceed farther.

The accidents received at this Hospital have been but few; comprising one of fracture of the condyle of the os humeri, a simple fracture of the tibia and fibula.

There have been no operations performed here this week.

ST. THOMAS'S HOSPITAL.

R. S., in William's Ward, was admitted into this Hospital about a fortnight since, under Mr. GREEN.

It appeared that he has been a labouring man residing in the country, and that the surgeon there had sent him up to the Hospital as a case of aneurism of the subclavian artery, for operation.

There is a largish tumour, about the size of a turkey's egg, situated beneath the pectoralis major, and passing upwards to the side of the throat on the right side, beneath the clavicle, having a distinct feel of containing a fluid, and also a pulsating feel, but not so strong as one might expect from an aneurismal sac containing so much fluid blood. Upon elevating his arm, the tumour becomes extremely prominent, and is then situated exactly in the arm-pit, and may be firmly grasped with the hand.

Mr. GREEN, however, did not so exactly coincide with the gentleman who sent him as to pronounce it decidedly aneurismal. It appears that it has been six years forming; that, previous to this time, he had been very much in the habit of carrying heavy loads across his shoulders with what are called yokes. Upon his first perceiving it, it seemed a small hardish lump, situated just beneath the clavicle. It gave no pain or stiffness, neither has he at any time perceived any redness. From this period it has been continually enlarging, with *no* pain, but latterly giving a sensation of numbness to that arm, from pressing upon the nerves.

Upon desiring him to stand upright, the subclavian artery can be seen distinctly pulsating at the upper part of the tumour, but that pulsation not continuing so distinctly or perceptibly into the tumour. It may, however, be observed, that the opposite artery may in this situation be very distinctly seen pulsating also. The tumour did not either feel at all hard at its sides; so that, if aneurismal, and continuing so long, there has been but very little deposition of fibrin, or thickening of the sac. Upon grasping also with the hand when the arm is elevated, it has a very great degree of motion, and does not seem so fixed as an aneurismal sac of so long standing most frequently becomes.

The feel also of pulsation, although distinct, is not so much so as might be expected from the sac of an aneurism containing so much fluid blood. It has at the same time a sort of transmitted feel. The question seems therefore to be, whether it may not be an encysted tumour, containing fluid of extremely slow formation, and lying in close contact with the subclavian artery, so as to transmit the feel of its pulsation.

At present no steps have been taken in this case: he is merely desired to keep the arm quiet.

Operations.

The operations performed at this Hospital this week have been—

A child about three years old operated on for stone by Mr. GREEN. It lasted about three minutes in being accomplished, when an oblong stone, of about an inch in length and half an inch in width, was extracted. The child is since doing extremely well.

Mr. GREEN also removed a large encysted tumour from the back part of the neck of a man in Henry's Ward. It has been upwards of twenty years forming, and latterly has caused much inconvenience from causing a stiffness in the neck.

Mr. GREEN commenced by making a vertical incision from the top to the bottom of the tumour, and then dissecting it out. The adhesions were very firm and hard, owing most probably to the constant pressure from the neckcloth and collar of the coat. It lasted for about half an hour. The edges of the wound were then brought into contact, and the man placed in bed, since which he has been doing very well.

Mr. TYRRELL also amputated the leg of R. S. in George's Ward, who was brought into the Hospital on the 27th of last month, with compound fracture of the leg.—p. 159. This case did not continue in that favourable state long, very severe inflammation ensued, with high constitutional excitement; the inflammation in the leg terminated immediately round the wound, and over the broken part of the bone, in a slough, which, on coming away, left the bone, for about three quarters of an inch, denuded. He was, after this, left in a very weak and debilitated state, the powers of life being very much re-

duced. Still, however, his being so young a man, and of previous good health and regular habits, it was judged best to assist him with a generous diet, wine, strengthening cordial medicines, and to try what efforts nature was capable of making for the restoration of the limb. This plan was continued for about a fortnight, when it became evident, from the great discharge, as also from the exhaustion that had come on, that he must lose his limb, which was done, but from which the man did not recover. He did not at all rally after the operation, but kept gradually sinking till about five o'clock on the following morning, when he expired.

The accidents received this week have been, a case of slight burn, a case of fractured clavicle, also one of fractured fore-arm.

ORIGIN OF MIND.

On Monday the 7th instant, at Eight o'clock in the Evening, is intended to commence, at Freemasons' Tavern, by Prebendary DENNIS, B. C. L. author of the "Key to the Regalia," "Architectura Sacra," &c.,—A COURSE OF LECTURES on the IMMATERIAL ORIGIN OF MIND, and Derivation of Character from Physical Causes.

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6, Devereux-court, Feb. 19th, 1825.

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TYRRELL *v.* THE EDITOR OF THE LANCET.

This Day is published,

A VERBATIM REPORT of the above TRIAL, which took place in the Court of Common Pleas, Guildhall, London, on Friday, February 25th, 1825. The admirable Speech of Mr. Brougham contains a most able and accurate Dissection of one of the "THREE NINNYHAMMERS" of St. Thomas's Hospital.

Published at THE LANCET Office, 210, Strand; and may be obtained of every Bookseller in the Kingdom during the next six months.

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